

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM318789

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	09/01/2014

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
H. D. Smith Wholesale Drug Co.		08/28/2014	CORPORATION: DELAWARE

## RECEIVING PARTY DATA

<b>Name:</b>	H. D. Smith, LLC
<b>Street Address:</b>	3063 Fiat Ave.
<b>City:</b>	Springfield
<b>State/Country:</b>	ILLINOIS
<b>Postal Code:</b>	62703
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE

## PROPERTY NUMBERS Total: 11

Property Type	Number	Word Mark
Serial Number:	85559180	H. D. SMITH
Serial Number:	77260902	SMITH MEDICAL PARTNERS
Serial Number:	75058562	PHARMAGEN
Serial Number:	74598508	MAJOR VALUE
Serial Number:	85258526	PHARMARXEACH
Serial Number:	85668573	SMARTSOURCE
Serial Number:	86047859	HD SMITH SPECIALTY SOLUTIONS
Serial Number:	86047641	THIRDPARTY NETWORK
Serial Number:	85953725	H. D. SMITH EPRESENCE
Serial Number:	86038997	TRIPLEFIN
Serial Number:	86027403	HDS HEALTHCARE PACKAGING

## CORRESPONDENCE DATA

Fax Number: 3172317433

*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.*

Phone: 317-236-1313

Email: jgard@btlaw.com

Correspondent Name: Julia Spoor Gard

Address Line 1: 11 South Meridian Street

TRADEMARK

<b>Address Line 4:</b>	Indianapolis, INDIANA 46204-3535
<b>ATTORNEY DOCKET NUMBER:</b>	41118-100
<b>NAME OF SUBMITTER:</b>	Julia Spoor Gard
<b>SIGNATURE:</b>	/jgard/
<b>DATE SIGNED:</b>	10/02/2014
<b>Total Attachments: 3</b> source=H. D. SMITH, LLC DE - CERTIFICATE OF MERGER-DE- Secretary of State-275465-26#page1.tif source=H. D. SMITH, LLC DE - CERTIFICATE OF MERGER-DE- Secretary of State-275465-26#page2.tif source=H. D. SMITH, LLC DE - CERTIFICATE OF MERGER-DE- Secretary of State-275465-26#page3.tif	

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"H. D. SMITH WHOLESALE DRUG CO.", A DELAWARE CORPORATION, WITH AND INTO "H. D. SMITH, LLC" UNDER THE NAME OF "H. D. SMITH, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2014, AT 3:39 O'CLOCK P.M.

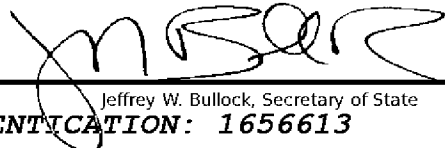
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF SEPTEMBER, A.D. 2014, AT 12:01 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

5478511 8100M

141122033



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1656613

DATE: 08-28-14

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

TRADEMARK  
REEL: 005373 FRAME: 0345

**CERTIFICATE OF MERGER OF**

**H. D. Smith Wholesale Drug Co.**

**WITH AND INTO**

**H. D. Smith, LLC**

(Pursuant to Section 18-209 of the Delaware Limited Liability Company Act)

The undersigned entity does hereby certify:

**FIRST:** The name and jurisdiction of formation or organization and type of entity of each of the constituent entities ("**Constituent Entities**") in the merger are as follows:

<u>Name</u>	<u>State of Incorporation or Formation</u>	<u>Type of Entity</u>
H. D. Smith Wholesale Drug Co.	Delaware	Corporation
H. D. Smith, LLC	Delaware	Limited Liability Company

**SECOND:** The Agreement and Plan of Merger ("**Merger Agreement**") has been approved and executed by each of the Constituent Entities.

**THIRD:** The surviving entity is H. D. Smith, LLC.

**FOURTH:** Until hereafter amended or modified as provided therein or by applicable law, the Certificate of Formation of the surviving entity as in effect immediately prior to the effectiveness of this Certificate of Merger shall continue to be the Certificate of Formation of the surviving entity.

**FIFTH:** This Certificate of Merger shall be effective at 12:01a.m. on September 1, 2014.

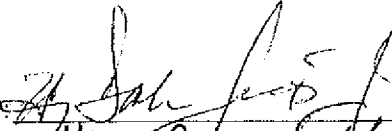
**SIXTH:** The Merger Agreement is on file at 3063 Fiat Avenue, Springfield, Illinois 62703, the principal place of business of the surviving entity.

**SEVENTH:** A copy of the Merger Agreement will be furnished by the surviving entity on request, without cost, to any stockholder or member of the Constituent Entities.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.]**

IN WITNESS WHEREOF, said entity has caused this Certificate of Merger to be signed by an authorized person this 28<sup>th</sup> day of August, 2014.

H. D. SMITH, LLC

By:   
Print: Henry Dale Smith Jr  
Title: Chairman

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